

## Section 232 Sub-Rehab

### Firm Application Checklist

#### Firm Application Checklist Section 232 – Substantial Rehabilitation – Single Stage

U.S. Department of Housing and  
Urban Development  
Office of Healthcare Programs

OMB Approval No. 9999-9999  
(exp. mm/dd/yyyy)

Public reporting burden for this collection of information is estimated to average 1 hour. This includes the time for collecting, reviewing, and reporting the data. The information is being collected to obtain the supportive documentation which must be submitted to HUD for approval, and is necessary to ensure that viable projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number. No confidentiality is assured.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Project Name: \_\_\_\_\_

Project Number: \_\_\_\_\_

#### SUBMISSION REQUIREMENTS:

- Send one electronic (CD, flash drive, etc.) copy of all the documents identified in the table below to the assigned OHP staff member identified by HUD in Email Blast for receipt of the Firm Application submission.
- OHP will email you with the instructions for sending hard copies.

No.	Item	N/A	Incl.
Section 1: Underwriting			
1-1.	A. Check <sup>1</sup> – FHA Application Fee (0.3% of Mortgage Amount)		<input type="checkbox"/>
	B. Check Transmittal Letter		<input type="checkbox"/>
	C. Completed Firm Application Checklist		<input type="checkbox"/>
	<del>C.D.</del> <u>Certification for Electronic Submittal Document</u>		<input type="checkbox"/>
1-2.	Lender's Underwriting Narrative <sup>2</sup> <u>(Submit electronic version as a pdf and as a word document)</u>		<input type="checkbox"/>
1-3.	HUD Underwriting Forms <u>(signed and dated by the Lender)</u>		
	A. HUD-92264-HCF, Health Care Summary Appraisal Report		<input type="checkbox"/>
	1. Operating Deficit Calculation		<input type="checkbox"/>
	2. Listing of Mortgagor's Other Fees		<input type="checkbox"/>
	3. Listing of Contractor's Other Fees		<input type="checkbox"/>
	B. HUD-92264-T, Rent Estimates for Low/Moderate Income Units (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
	<del>C.</del> HUD-92264-A, Supplement to Project Analysis		<input type="checkbox"/>
	• <del>Criterion 11, ...Deduction of Grant(s), Loan(s) and Gift(s) (if applicable)</del>		<input type="checkbox"/>
	<del>D.C.</del> HUD-92438, Underwriting Summary Report	<input type="checkbox"/>	<input type="checkbox"/>
1-4.	Firm Commitment (DRAFT) <sup>3, 4</sup> <u>(Submit electronic version as a Word document)</u> <u>(Note: "Exhibit A," "Exhibit B," etc. must be displayed at the top of each exhibit to the Firm Commitment)</u>		<input type="checkbox"/>
	A. Special Conditions, <u>if Applicable</u>		

Version 1/27/2011

Previous versions obsolete

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form HUD-906-OHP (mm/dd/yyyy)

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No.	Item	N/A	Incl.
	B. Exhibit A, Legal Description	<input type="checkbox"/>	<input type="checkbox"/>
	C. Exhibit B, Index to <u>Drawings</u> and Specifications		<input type="checkbox"/>
	D. Exhibit C, List of Major Movables		<input type="checkbox"/>
	E. Exhibit D- <del>2</del> Reserve for Replacement Funding Schedule	<input type="checkbox"/>	<input type="checkbox"/>
<del>1-1.</del>	<del>HUD-92329, Property Insurance Schedule</del>		<input type="checkbox"/>
1-5.	<u>Property Insurance Requirements</u>		<input type="checkbox"/>
	<u>A. HUD-92447, Property Insurance Requirements</u>		<input type="checkbox"/>
	<u>Update and Additional Property Insurance Requirements (Appendix 2, H-2001-03) Requirement</u>		<input type="checkbox"/>
1-6.	Lender's Consolidated Certification		<input type="checkbox"/>
1-7.	Contact List		<input type="checkbox"/>
1-8.	<u>Copies of any email guidance provided by HUD on this project before the submittal.</u>		<input type="checkbox"/>
<del>1-8.1.</del>	<del>Waiver Requests (use form HUD-2, Request for Waiver of Housing Directive)</del>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section 2: Third Party Reports<sup>9</sup></b>			
2-1.	Appraisal		<input type="checkbox"/>
2-2.	Market Study <u>(if not provided at Pre-Application Stage)<sup>6</sup></u>	<input type="checkbox"/>	<input type="checkbox"/>
2-3.	Environmental <u>(if not provided at Pre-Application Stage)</u>		<input type="checkbox"/>
	A. Phase I Environmental Report <sup>7</sup>		<input type="checkbox"/>
	B. Draft 4128 and additional reports as applicable		<input type="checkbox"/>
	C. Phase II Environmental Report (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
	D. Biological Assessment (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
	E. Operations & Maintenance Plan <u>–</u> Asbestos -and LBP <sup>8</sup> (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
	F. Other <del>–</del> Specify <del>–</del> (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
2-4.	Architectural Analyst Report		<input type="checkbox"/>
	A. Inspection Report		<input type="checkbox"/>
	B.- Seismic Analysis (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
	C.- Engineer & Specialty Reports (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
2-5	Construction Cost Analyst Report		<input type="checkbox"/>
2-6	Project Capital Needs Assessment (PCNA) (also provide any required specialty reports) <sup>9</sup>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section 3: Mortgagor</b>			
3-1.	Organizational Chart		<input type="checkbox"/>
3-2.	<u>Organizational Documents</u>		<input type="checkbox"/>
	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC		<input type="checkbox"/>
	A. Articles of Incorp. A. Partnership Agree'm't A. Articles of Organiz'n		<input type="checkbox"/>
	B. Bylaws B. Cert. of Partnership B. Operating Agreement		<input type="checkbox"/>
	C. Authoriz'g Resolution C. Authoriz'g Resolution C. Authoriz'g Resolution		<input type="checkbox"/>
3-2.3.	<u>2530/APPS:</u>		<input type="checkbox"/>
	<u>A. Paper 2530:</u>		<input type="checkbox"/>
	<u>1. Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity &amp; if applicable, with documentation for signature authority to sign for other principals with same participation)</u>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>2. Evidence of registration in HUD's Business Partners Registration System – required for all applicable participants.</u>	<input type="checkbox"/>	<input type="checkbox"/>

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(<http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm>)

**OR**

B. APPS Submittal: APPS Certification (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation) ~~Organizational Documents~~

A. Corporate

4. Articles of Incorporation

5. Bylaws

6. Authorizing Resolutions

B. Partnership

1. Partnership Agreement

2. Certificate of Partnership

3. Authorizing Resolutions

C. Limited Liability Company

1. Articles of Organization

2. Operating Agreement

Authorizing Resolutions

3-3.3-~~Mortgagor's Consolidated Certification~~ Nonprofit Mortgagor<sup>10</sup>

A. HUD 3433, Eligibility as a Nonprofit

Detailed explanation of motivations for project

3-4.- APPS Certification

3-5.- ~~Mortgagor's Consolidated Certification~~

3-6.3- Credit Report

3-7.3- Financial Statements – Year-to-Date<sup>11</sup>

A. Balance Sheet

1. Aging of Accounts Receivable

2. Aging of Notes Receivable

3. Schedule of Pledged Assets

4. Schedule of Marketable Securities

5. Schedule of Accounts Payable

6. Schedule of Notes and Mortgages Payable

7. Schedule of Legal Proceedings

B. Income and Expense Statement

B. Financial Statement Certification

3-8.- Financial Statements – FY 2008<sup>12</sup>

A. ~~Balance Sheet~~

1. ~~Aging of Accounts Receivable~~

2. ~~Aging of Notes Receivable~~

3. ~~Schedule of Pledged Assets~~

4. ~~Schedule of Marketable Securities~~

5. ~~Schedule of Accounts Payable~~

6. ~~Schedule of Notes and Mortgages Payable~~

7.1. ~~Schedule of Legal Proceedings~~

B. ~~Income and Expense Statement~~

C. ~~Financial Statement Certification~~

3-9.- Financial Statements – FY 2007<sup>14</sup>

A. ~~Balance Sheet~~

1. ~~Aging of Accounts Receivable~~

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<del>2.1. Aging of Notes Receivable</del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>3.1. Schedule of Pledged Assets</del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>4.1. Schedule of Marketable Securities</del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>5.1. Schedule of Accounts Payable</del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>6.1. Schedule of Notes and Mortgages Payable</del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>7.1. Schedule of Legal Proceedings</del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>B. Income and Expense Statement</del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>C. Financial Statement Certification</del>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3-10. Financial Statements – FY 2006<sup>14</sup></b>		
<b>A. Balance Sheet</b>		
1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Income and Expense Statement</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Financial Statement Certification</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 4: Principal of Mortgagor** (complete for each principal)<sup>13</sup> [List Principal Here](#)

<b>4-1.</b>	Organizational Chart (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
<b>4-2.</b>	Organizational Documents (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>A. Corporate</b>	<input type="checkbox"/>	<input type="checkbox"/>
	1. Articles of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>
	2. Bylaws	<input type="checkbox"/>	<input type="checkbox"/>
	3. Authorizing Resolutions	<input type="checkbox"/>	<input type="checkbox"/>
	<b>B. Partnership</b>	<input type="checkbox"/>	<input type="checkbox"/>
	1. Partnership Agreement	<input type="checkbox"/>	<input type="checkbox"/>
	2. Certificate of Partnership	<input type="checkbox"/>	<input type="checkbox"/>
	3. Authorizing Resolutions	<input type="checkbox"/>	<input type="checkbox"/>
	<b>C. Limited Liability Company</b>	<input type="checkbox"/>	<input type="checkbox"/>
	1. Articles of Organization	<input type="checkbox"/>	<input type="checkbox"/>
	2. Operating Agreement	<input type="checkbox"/>	<input type="checkbox"/>
	Authorizing Resolutions	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Partnership	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> LLC	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Corporation	<input type="checkbox"/>	<input type="checkbox"/>
	A. Articles of Incorp.	<input type="checkbox"/>	<input type="checkbox"/>
	B. Bylaws	<input type="checkbox"/>	<input type="checkbox"/>
	C. Authoriz'g Resolution	<input type="checkbox"/>	<input type="checkbox"/>
	A. Partnership Agree'm't	<input type="checkbox"/>	<input type="checkbox"/>
	B. Cert. of Partnership	<input type="checkbox"/>	<input type="checkbox"/>
	C. Authoriz'g Resolution	<input type="checkbox"/>	<input type="checkbox"/>
	A. Articles of Organiz'n	<input type="checkbox"/>	<input type="checkbox"/>
	B. Operating Agreement	<input type="checkbox"/>	<input type="checkbox"/>
	C. Authoriz'g Resolution	<input type="checkbox"/>	<input type="checkbox"/>
<b>4-3.</b>	<a href="#">Resume</a> Resume/Evidence that individual or entity is qualified	<input type="checkbox"/>	<input type="checkbox"/>
<b>4-4.</b>	<a href="#">APPS Certification</a> APPS:		
	<b>A. Paper 2530:</b>		
	1. Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)	<input type="checkbox"/>	<input type="checkbox"/>
	2. Evidence of registration in HUD's Business Partners Registration System – required for all applicable participants. ( <a href="http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm">http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm</a> )	<input type="checkbox"/>	<input type="checkbox"/>

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**OR**

B. APPS Submittal: APPS Certification (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation) ☐ ☐

**4-5.** Principal of Mortgagor Consolidated Certification ☐

<b>4-6.</b>	Credit Report		<input type="checkbox"/>
	A. Principal of Mortgagor <sup>14</sup>		<input type="checkbox"/>
	B. Sampling of Principal's Other Business Concerns	<input type="checkbox"/>	<input type="checkbox"/>
<b>4-7.</b>	Financial Statements – Year-to-Date <sup>5/15</sup>		
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Financial Statement Certification		<input type="checkbox"/>
<b>4-8.</b>	Financial Statements – FY 20XX <sup>10</sup>	<input type="checkbox"/>	
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification		<input type="checkbox"/>
<b>4-9.</b>	Financial Statements – FY 20XX <sup>10</sup>	<input type="checkbox"/>	
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification		<input type="checkbox"/>

<b>4-10.</b>	<b>Financial Statements – FY 20XX<sup>10</sup></b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>A. Balance Sheet</b>		<input type="checkbox"/>
	1. <a href="#">Aging of Accounts Receivable</a>	<input type="checkbox"/>	<input type="checkbox"/>
	2. <a href="#">Aging of Notes Receivable</a>	<input type="checkbox"/>	<input type="checkbox"/>
	3. <a href="#">Schedule of Pledged Assets</a>	<input type="checkbox"/>	<input type="checkbox"/>
	4. <a href="#">Schedule of Marketable Securities</a>	<input type="checkbox"/>	<input type="checkbox"/>
	5. <a href="#">Schedule of Accounts Payable</a>	<input type="checkbox"/>	<input type="checkbox"/>
	6. <a href="#">Schedule of Notes and Mortgages Payable</a>	<input type="checkbox"/>	<input type="checkbox"/>
	7. <a href="#">Schedule of Legal Proceedings</a>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>B. Income and Expense Statement</b>		<input type="checkbox"/>
	<b>C. Financial Statement Certification</b>		<input type="checkbox"/>
<b>4-11.</b>	<b>Personal Financial Statements (HUD 92417) <i>(To be completed by individuals)</i><sup>8</sup></b>		
<b>Section 5: Operator (Lessee)</b>			
<b>5-1.</b>	<b>Organizational Chart</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5-2.</b>	<b>Organizational Documents</b>		
	<b>A. Corporate</b>	<input type="checkbox"/>	<input type="checkbox"/>
	1. <a href="#">Articles of Incorporation</a>		<input type="checkbox"/>
	2. <a href="#">Bylaws</a>		<input type="checkbox"/>
	3. <a href="#">Authorizing Resolutions</a>		<input type="checkbox"/>
	<b>B. Partnership</b>	<input type="checkbox"/>	<input type="checkbox"/>
	1. <a href="#">Partnership Agreement</a>		<input type="checkbox"/>
	2. <a href="#">Certificate of Partnership</a>		<input type="checkbox"/>
	3. <a href="#">Authorizing Resolutions</a>		<input type="checkbox"/>
	<b>C. Limited Liability Company</b>	<input type="checkbox"/>	<input type="checkbox"/>
	1. <a href="#">Articles of Organization</a>		<input type="checkbox"/>
	2. <a href="#">Operating Agreement</a>		<input type="checkbox"/>
	<a href="#">Authorizing Resolutions</a>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <a href="#">Corporation</a>	<input type="checkbox"/> <a href="#">Partnership</a>	<input type="checkbox"/> <a href="#">LLC</a>
	<a href="#">A. Articles of Incorp.</a>	<a href="#">A. Partnership Agree'm't</a>	<a href="#">A. Articles of Organiz'n</a>
	<a href="#">B. Bylaws</a>	<a href="#">B. Cert. of Partnership</a>	<a href="#">B. Operating Agreement</a>
	<a href="#">C. Authoriz'g Resolution</a>	<a href="#">C. Authoriz'g Resolution</a>	<a href="#">C. Authoriz'g Resolution</a>
<b>5-3.</b>	<b>A. Resume</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<a href="#">A. Resume/Evidence that individual or entity is qualified</a>		<input type="checkbox"/>
	<b>B. Schedule of Facilities Owned, Operated or Managed</b>		
<b>5-4.</b>	<b>APPS Certification<sup>16</sup> 2530/APPS<sup>17</sup></b>		
	<b>A. Paper 2530:</b>		
	1. <a href="#">Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity &amp; if applicable, with documentation for signature authority to sign for other principals with same participation)</a>	<input type="checkbox"/>	<input type="checkbox"/>
	2. <a href="#">Evidence of registration in HUD's Business Partners Registration System – required for all applicable participants. (http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm)</a>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>OR</b>		
	<b>B. APPS Submittal: APPS Certification (with documentation for signature authority to sign for the entity &amp; if applicable, with documentation for signature authority to sign for other principals with same participation)</b>	<input type="checkbox"/>	<input type="checkbox"/>

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5-5.	Operator's Consolidated Certification		<input type="checkbox"/>
5-6.	Credit Report		
	A. Operator (Lessee)		<input type="checkbox"/>
	B. Sampling of Operator's Other Business Concerns	<input type="checkbox"/>	<input type="checkbox"/>
	C. Senior officers of the operator	<input type="checkbox"/>	<input type="checkbox"/>
	B-D. Any stockholder with a 25 percent or more interest in the operator	<input type="checkbox"/>	<input type="checkbox"/>
5-7.	Financial Statements – Year-to-Date <sup>40</sup> Date <sup>5</sup>		
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification		<input type="checkbox"/>
5-8.	Financial Statements – FY 2008 <sup>11</sup> 20XX <sup>18</sup>	<input type="checkbox"/>	
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification		<input type="checkbox"/>
5-9.	Financial Statements – FY 2007 <sup>11</sup> 20XX <sup>10</sup>	<input type="checkbox"/>	
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification		<input type="checkbox"/>
5-10.	Financial Statements – FY 2006 <sup>11</sup> 20XX <sup>10</sup>	<input type="checkbox"/>	
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>

B. Income and Expense Statement	<input type="checkbox"/>	<input type="checkbox"/>
C. Financial Statement Certification	<input type="checkbox"/>	<input type="checkbox"/>
5-11. <u>A. Operating Lease with HUD Addendum</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>B. Memorandum of Lease</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>C. Subordination, Non-Disturbance &amp; Attornment Agreement (SNDA) (if applicable for non-related owner and operator)</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>D. Estoppel Certification</u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section 6: Parent of Operator</b> <input type="checkbox"/>		
6-1. Organizational Chart	<input type="checkbox"/>	<input type="checkbox"/>
6-2. Organizational Documents	<input type="checkbox"/>	<input type="checkbox"/>
A. Corporate	<input type="checkbox"/>	<input type="checkbox"/>
1. <del>Articles of Incorporation</del>	<input type="checkbox"/>	<input type="checkbox"/>
2. <del>Bylaws</del>	<input type="checkbox"/>	<input type="checkbox"/>
3. <del>Authorizing Resolutions</del>	<input type="checkbox"/>	<input type="checkbox"/>
B. Partnership	<input type="checkbox"/>	<input type="checkbox"/>
1. <del>Partnership Agreement</del>	<input type="checkbox"/>	<input type="checkbox"/>
2. <del>Certificate of Partnership</del>	<input type="checkbox"/>	<input type="checkbox"/>
3. <del>Authorizing Resolutions</del>	<input type="checkbox"/>	<input type="checkbox"/>
C. Limited Liability Company	<input type="checkbox"/>	<input type="checkbox"/>
1. <del>Articles of Organization</del>	<input type="checkbox"/>	<input type="checkbox"/>
2. <del>Operating Agreement</del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>Authorizing Resolutions</del> <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Corporation	<input type="checkbox"/>	<input type="checkbox"/>
A. Articles of Incorp.	<input type="checkbox"/>	<input type="checkbox"/>
B. Bylaws	<input type="checkbox"/>	<input type="checkbox"/>
C. Authoriz'g Resolution	<input type="checkbox"/>	<input type="checkbox"/>
A. Partnership Agreem't	<input type="checkbox"/>	<input type="checkbox"/>
B. Cert. of Partnership	<input type="checkbox"/>	<input type="checkbox"/>
C. Authoriz'g Resolution	<input type="checkbox"/>	<input type="checkbox"/>
A. Articles of Organiz'n	<input type="checkbox"/>	<input type="checkbox"/>
B. Operating Agreement	<input type="checkbox"/>	<input type="checkbox"/>
C. Authoriz'g Resolution	<input type="checkbox"/>	<input type="checkbox"/>
6-3. <u>A. Resume</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>A. Resume/Evidence that individual or entity is qualified</u>	<input type="checkbox"/>	<input type="checkbox"/>
B. Schedule of Facilities Owned, Operated or Managed	<input type="checkbox"/>	<input type="checkbox"/>
6-4. <u>This Item Intentionally Omitted 2530's/APPS Not Applicable to Parent of Operator</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6-5. Parent of Operator's Consolidated Certification	<input type="checkbox"/>	<input type="checkbox"/>
6-6. Credit Report	<input type="checkbox"/>	<input type="checkbox"/>
A. Parent of Operator	<input type="checkbox"/>	<input type="checkbox"/>
B. Sampling of Parent of Operator's Other Business Concerns	<input type="checkbox"/>	<input type="checkbox"/>
6-7. Financial Statements – Year-to- <del>Date</del> <sup>10</sup> <u>Date</u> <sup>5</sup>	<input type="checkbox"/>	<input type="checkbox"/>
A. Balance Sheet	<input type="checkbox"/>	<input type="checkbox"/>
1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
B. Income and Expense Statement	<input type="checkbox"/>	<input type="checkbox"/>
C. Financial Statement Certification	<input type="checkbox"/>	<input type="checkbox"/>
6-8. Financial Statements – FY <del>2008</del> <sup>11</sup> <u>20XX</u> <sup>10</sup>	<input type="checkbox"/>	<input type="checkbox"/>
A. Balance Sheet	<input type="checkbox"/>	<input type="checkbox"/>

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1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
<del>3. Schedule of Pledged Assets</del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>4. Schedule of Marketable Securities</del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>5. Schedule of Accounts Payable</del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>6. Schedule of Notes and Mortgages Payable</del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>7. Schedule of Legal Proceedings</del>	<input type="checkbox"/>	<input type="checkbox"/>
B. Income and Expense Statement		<input type="checkbox"/>
C. Financial Statement Certification		
<b>6-9. Financial Statements – FY <del>2007</del><sup>11</sup> <u>20XX</u><sup>10</sup></b>	<input type="checkbox"/>	
A. Balance Sheet		<input type="checkbox"/>
1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
<del>3. Schedule of Pledged Assets</del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>4. Schedule of Marketable Securities</del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>5. Schedule of Accounts Payable</del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>6. Schedule of Notes and Mortgages Payable</del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>7. Schedule of Legal Proceedings</del>	<input type="checkbox"/>	<input type="checkbox"/>
B. Income and Expense Statement		<input type="checkbox"/>
C. Financial Statement Certification		
<b>6-10. Financial Statements – FY <del>2006</del><sup>11</sup> <u>20XX</u><sup>10</sup></b>	<input type="checkbox"/>	
A. Balance Sheet		<input type="checkbox"/>
1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
<del>3. Schedule of Pledged Assets</del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>4. Schedule of Marketable Securities</del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>5. Schedule of Accounts Payable</del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>6. Schedule of Notes and Mortgages Payable</del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>7. Schedule of Legal Proceedings</del>	<input type="checkbox"/>	<input type="checkbox"/>
B. Income and Expense Statement		<input type="checkbox"/>
C. Financial Statement Certification		
<b>Section 7: Management Agent<sup>19</sup></b>	<input type="checkbox"/>	
<b>7-1. Organizational Chart</b> <u>(if applicable – per footnote to this entire section)</u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7-2. Organizational Documents</b>		
<b>A. Corporate</b>	<input type="checkbox"/>	
1. <del>Articles of Incorporation</del>		<input type="checkbox"/>
2. <del>Bylaws</del>		<input type="checkbox"/>
3. <del>Authorizing Resolutions</del>		<input type="checkbox"/>
<b>B. Partnership</b>	<input type="checkbox"/>	
1. <del>Partnership Agreement</del>		<input type="checkbox"/>
2. <del>Certificate of Partnership</del>		<input type="checkbox"/>
3. <del>Authorizing Resolutions</del>		<input type="checkbox"/>
<b>C. Limited Liability Company</b>	<input type="checkbox"/>	
1. <del>Articles of Organization</del>		<input type="checkbox"/>
2. <del>Operating Agreement</del>		<input type="checkbox"/>
<del>Authorizing Resolutions</del>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <del>Corporation</del>	<input type="checkbox"/> <u>Partnership</u>	<input type="checkbox"/> <u>LLC</u>
<u>A. Articles of Incorp.</u>	<u>A. Partnership Agreem't</u>	<u>A. Articles of Organiz'n</u>
<u>B. Bylaws</u>	<u>B. Cert. of Partnership</u>	<u>B. Operating Agreement</u>

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	<u>C. Authoriz'g Resolution</u>	<u>C. Authoriz'g Resolution</u>	<u>C. Authoriz'g Resolution</u>
<b>7-3.</b>	<u>HUD Management Certification Form (HUD-9839) (if applicable – per footnote to this entire section)</u>		
<b>7-4.</b>	<u>Management Agreement</u>		
<b>7-5.</b>	<u>A. Resume / Evidence that individual or entity is qualified</u>		
	<u>B. Schedule of Facilities Owned, Operated or Managed</u>		

**7-3.7- HUD Management Forms****A. HUD-9832, Management Entity Profile****B. Certifications (one of the following must be provided)**1. HUD-9839 A, Project Owner's Certification for Owner-Managed ... Projects2. HUD-9839 B, Project Owner's/Management Agent's Certification for ...Identity of Interest or Independent Management AgentsHUD-9839 C, Project Owner's/Borrower's Certification for Elderly Housing Projects Managed by Administrators<sup>2530/APPS</sup><sup>9</sup>**A. Paper 2530:**1. Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)2. Evidence of registration in HUD's Business Partners Registration System – required for all applicable participants.  
(http://www.hud.gov/offices/hsg/mfh/apps/appsmfh.cfm)**OR****B. APPS Submittal:** APPS Certification (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)

<b>7-1.</b>	<u>Management Agreement</u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7-2.</b>	<u>A. Resume</u>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>B. Schedule of Facilities Owned, Operated or Managed</u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7-3.</b>	<u>APPS Certification</u> <sup>13</sup>	<input type="checkbox"/>	<input type="checkbox"/>

**7-4.7- Management Agent's Consolidated Certification**<sup>20</sup>

<u>Credit Report</u>	<input type="checkbox"/>	<input type="checkbox"/>
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**Section 8: Contractor**

<b>8-1.</b>	<u>This Item Intentionally Omitted</u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8-2.</b>	<u>This Item Intentionally Omitted</u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8-3.</b>	<u>Résumé or AIA A305, Contractor's Qualification Statement</u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8-4.</b>	<u>APPS Certification</u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8-5.</b>	<u>Contractor's Consolidated Certification</u>	<input type="checkbox"/>	<input type="checkbox"/>

**7-5.7- Credit Report****A. Contractor**Sampling of Contractor's Other Business Concerns**Section 8: Real Estate**

<b>8-1</b>	<u>A. Refinance</u>	<input type="checkbox"/>	<input type="checkbox"/>
	1. <u>Certification of Outstanding Obligations</u>	<input type="checkbox"/>	<input type="checkbox"/>
	2. <u>Pay-off Statement for each obligation</u>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Replacement Reserve Financial Statements – Year to Date</u> <sup>10</sup>	<input type="checkbox"/>	<input type="checkbox"/>
	1.3. <u>Balance Sheet confirmation (if applicable)</u>	<input type="checkbox"/>	<input type="checkbox"/>
	1. <u>Aging of Accounts Receivable</u>	<input type="checkbox"/>	<input type="checkbox"/>

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	4. <u>Aging HUD Prepayment Authorization Letter (if applicable)</u>	<input type="checkbox"/>	<input type="checkbox"/>
	5. <u>Copy of Notes Receivable all outstanding notes</u>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Schedule of Pledged Assets</u>	<input type="checkbox"/>	
	<u>Schedule of Marketable Securities</u>	<input type="checkbox"/>	
	<u>Schedule of Accounts Payable</u>	<input type="checkbox"/>	
	<u>Schedule of Notes and Mortgages Payable</u>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Schedule of Legal Proceedings</u>	<input type="checkbox"/>	<input type="checkbox"/>
	2. <u>Schedule of Work in Progress</u>		
	<u>Income and Expense Statement</u>		
	B. <u>Financial Statement Certification</u>		
	a. <u>Purchase contract and amendments, OR</u>		
	a-b. <u>Option Agreement</u>		
8-2	Licenses		
	A. <u>Certificate of Need (if applicable)</u>	<input type="checkbox"/>	<input type="checkbox"/>
	B. <u>Copy of Existing Facility License or copy of application (if new license required)<sup>21</sup></u>	<input type="checkbox"/>	<input type="checkbox"/>
	C. <u>Copy of Application for Facility License if number of beds will increase</u>	<input type="checkbox"/>	<input type="checkbox"/>
	D. <u>Operator (Lessee) or Management Agent (if applicable)</u>		
8-3	Title		
	A. <u>Preliminary Title Report</u>		<input type="checkbox"/>
	B. <u>Pro Forma – 2006 ALTA Title Insurance Policy</u>		<input type="checkbox"/>
	1. <u>ALTA Form Environmental Endorsement</u>		<input type="checkbox"/>
	2. <u>ALTA Form Comprehensive Endorsement</u>		<input type="checkbox"/>
	3. <u>ALTA Form Endorsement deleting Arbitration Clause</u>		<input type="checkbox"/>
	4. <u>ALTA Location of Improvements Endorsement</u>		<input type="checkbox"/>
	5. <u>Access and Entry (ALTA 17-06)</u>		<input type="checkbox"/>
	6. <u>Arbitration Clause deleted</u>		<input type="checkbox"/>
	7. <u>Zoning (ALTA 3.0-06 or equivalent)</u>	<input type="checkbox"/>	<input type="checkbox"/>
	8. <u>Encroachments</u>		<input type="checkbox"/>
	9. <u>Tax Parcel (ALTA 18-06 or equivalent)</u>	<input type="checkbox"/>	<input type="checkbox"/>
	Other: <u>Financial Statements – FY 2008</u> <sup>44</sup>	<input type="checkbox"/>	<input type="checkbox"/>
	A. <u>Balance Sheet</u>	<input type="checkbox"/>	<input type="checkbox"/>
	1. <u>Aging of Accounts Receivable</u>	<input type="checkbox"/>	<input type="checkbox"/>
	2. <u>Aging of Notes Receivable</u>	<input type="checkbox"/>	<input type="checkbox"/>
	3. <u>Schedule of Pledged Assets</u>	<input type="checkbox"/>	<input type="checkbox"/>
	4. <u>Schedule of Marketable Securities</u>	<input type="checkbox"/>	<input type="checkbox"/>
	5. <u>Schedule of Accounts Payable</u>	<input type="checkbox"/>	<input type="checkbox"/>
	6. <u>Schedule of Notes and Mortgages Payable</u>	<input type="checkbox"/>	<input type="checkbox"/>
	7. <u>Schedule of Legal Proceedings</u>	<input type="checkbox"/>	<input type="checkbox"/>
	B. <u>Income and Expense Statement</u>		
	10. <u>Financial Statement Certification</u>		
	A-C. <u>Exception Documents</u>		
8-4	ALTA/ACSM Land Title Survey <u>(completed according to Survey Instructions &amp; Owner's Certification)</u>		<input type="checkbox"/>
8-5	Evidence of compliance		
	A. <u>Zoning</u>		<input type="checkbox"/>
	B. <u>Building Codes</u>		<input type="checkbox"/>
	C. <u>Verification of Zoning and Code Variances (if applicable)</u>	<input type="checkbox"/>	<input type="checkbox"/>
8-6	Municipal Inspection Reports		
	A. <u>Fire Marshall</u>		<input type="checkbox"/>
	B. <u>State Health Department (if applicable)</u>	<input type="checkbox"/>	<input type="checkbox"/>
	C. <u>Verification that health standards are met for private sewer or water systems</u>	<input type="checkbox"/>	<input type="checkbox"/>

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<del>9-4.</del>	<del>Soils Report and Foundation Analysis (required if footprint is being altered)</del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>9-5.</del>	<del>HUD-2328, Contractor's and/or Mortgagor's Cost Breakdown</del>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9-5</b>	<b>Financial Statements for Operation<sup>15</sup> – FY 20XX<sup>10/26</sup></b>		
	A. Balance Sheet	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement	<input type="checkbox"/>	<input type="checkbox"/>
	Financial Statement Certification	<input type="checkbox"/>	<input type="checkbox"/>
	<del>Major Moveable Equipment Schedule and Budget</del>		
	A. Schedule and budget for new equipment		
	A.C. Schedule and values for existing equipment		
<del>9-6.</del>	<del>Construction Progress Schedule per AIA A201<sup>27</sup></del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>9-7.</del>	<del>This Item Intentionally Omitted</del>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9-6</b>	<b>Assurance Of Completion<sup>28</sup></b>		
	Financial Statements for Operation <sup>15</sup> – FY 20XX <sup>10/16</sup>	<input type="checkbox"/>	<input type="checkbox"/>
	A. Balance Sheet	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement	<input type="checkbox"/>	<input type="checkbox"/>
	Financial Statement Certification	<input type="checkbox"/>	<input type="checkbox"/>
	<del>Commitment Letter from Surety or</del>		
	A.C. Commitment Letter from Bank for Letter of Credit		
<b>9-7</b>	<b>Owner Architect Agreement on AIA Form B181 and Amendments</b>		
	A. Design and Supervisory Architect	<input type="checkbox"/>	<input type="checkbox"/>
	B. Design Architect only	<input type="checkbox"/>	<input type="checkbox"/>
	C. Supervisory Architect only	<input type="checkbox"/>	<input type="checkbox"/>
	Other (s) Financial Statements for Operation <sup>15</sup> – FY 20XX <sup>10/16</sup>	<input type="checkbox"/>	<input type="checkbox"/>
	A. Balance Sheet		
	B. Income and Expense Statement		
	A.C. Financial Statement Certification		
<del>9-6.</del>	<del>Information regarding offsite storage of approved building materials, if applicable<sup>29</sup></del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>9-7.</del>	<del>Design Architect Certification</del>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section 10: Real Estate</b>			
<b>9-8</b>	<b>Census history, by month and payment source</b>	<input type="checkbox"/>	
	A. Year-to-date		<input type="checkbox"/>
	B. FY 20XX (fill in the year)		<input type="checkbox"/>
	C. FY 20XX (fill in the year)		<input type="checkbox"/>
	A. D. FY 20XX (fill in the year) <del>Refinance</del>		<input type="checkbox"/>
	2.1. Certification of Outstanding Obligations		<input type="checkbox"/>
	3.1. Pay off Statement for each obligation	<input type="checkbox"/>	<input type="checkbox"/>
	4. Replacement Reserve Balance confirmation (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
	5. HUD Prepayment Authorization Letter (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
	6. Copy of all outstanding notes	<input type="checkbox"/>	<input type="checkbox"/>
	B. Purchase		
	a. Purchase contract and amendments, OR		
	b. Option Agreement		
	C. Intergovernmental Review, SF 424 <sup>30</sup>		
<b>9-9</b>	<b>Reimbursement</b>		
	A. Resource Utilization Group (RUG) census data for last 12-months, including HUD certification and warning. (SN Only)	<input type="checkbox"/>	<input type="checkbox"/>
	B. Evidence Licenses	<input type="checkbox"/>	<input type="checkbox"/>
	A. Certificate of Need/Medicaid Rate (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>

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B. Copy of Existing Facility License  
 C. Copy of Application for Facility License if number of beds will increase<sup>31</sup>  
Operator (Lessee) or Management Agent (if applicable)

9-10	Rent rolls <sup>32</sup> , last 3 months, including HUD certification and warning. (ALF/B&C Only)	<input type="checkbox"/>	<input type="checkbox"/>
9-11	State licensing inspection reports for last 3-years	<input type="checkbox"/>	<input type="checkbox"/>
9-12	Facility Administrator		
	A. <u>Resume</u>		<input type="checkbox"/>
	<u>License (if applicable) Title</u>		<input type="checkbox"/>
	B.A. <u>Preliminary Title Report</u>		<input type="checkbox"/>
	C.A. <u>Pro Forma – 2006 ALTA Title Insurance Policy</u>		<input type="checkbox"/>
	1. <u>ALTA Form Environmental Endorsement</u>		<input type="checkbox"/>
	2.1. <u>ALTA Form Comprehensive Endorsement</u>		<input type="checkbox"/>
	3.1. <u>ALTA Form Endorsement deleting Arbitration Clause</u>		<input type="checkbox"/>
	4.1. <u>ALTA Location of Improvements Endorsement</u>		<input type="checkbox"/>
	5.1. <u>Access and Entry (ALTA 17-06)</u>	<input type="checkbox"/>	<input type="checkbox"/>
	6.1. <u>Arbitration Clause deleted</u>	<input type="checkbox"/>	<input type="checkbox"/>
	7.1. <u>Zoning (ALTA 3.0-06 or equivalent)</u>	<input type="checkbox"/>	<input type="checkbox"/>
	8.1. <u>Enerochments</u>		<input type="checkbox"/>
	9.1. <u>Tax Parcel (ALTA 18-06 or equivalent)</u>	<input type="checkbox"/>	
	10. <u>Other:</u>		
	A.B. <u>Exception Documents</u>		
9-13	HUD-935.2A, Affirmative Fair Housing Marketing Plan	<input type="checkbox"/>	<input type="checkbox"/>
9-14	ALTA/ACSM Land Title Survey (Completed according to Loan Survey Instructions) <u>Example of</u>	<input type="checkbox"/>	<input type="checkbox"/>
9-15	<u>Resident Care and/or Rental Agreement(s) for the facility (if existing)</u>		
	<u>Provider Agreement(s) for the facility (if existing)</u> <u>Evidence of compliance</u>		
	A. <u>Zoning</u>		<input type="checkbox"/>
	B.A. <u>Building Codes</u>		<input type="checkbox"/>
	<u>Verification of Zoning and Code Variances (if applicable)</u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section 10: Professional Liability Insurance (PLI)<sup>33</sup></b>			
10-1.	Information on the PLI provider:		
	A. <u>Copy of each insurance carrier's license – showing the name of insurance carrier</u>		<input type="checkbox"/>
	B. <u>Evidence of insurance company(s) rating (Print-out from AM Best Rating or other)</u>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Municipal Inspection Reports</u>	<input type="checkbox"/>	<input type="checkbox"/>
	A. <u>Fire Marshall</u>		
	B.A. <u>State Health Department (if applicable)</u>		
	<u>Verification that health standards are met for private sewer or water systems</u>		
10-2.	<u>Relocation plan and budget during rehabilitation</u> <u>Limits of coverage and list of facilities (including bed counts) included under this coverage.</u>	<input type="checkbox"/>	<input type="checkbox"/>
10-3.	<u>Commercial space leases (if applicable)</u> <u>State licensing surveys shall be transmitted as part of the application for the last three years of all individual facilities of the operator if the operator has less than five facilities to determine the quality of care provided by the operator. If the operator has five or more facilities, complete copies of state licensing surveys for all facilities with serious unresolved deficiencies (deficiencies where there is actual harm to residents commonly referred to as "G" or higher level deficiencies) shall be transmitted if this deficiency has not been removed within a one month period. If any facility has recent (within the last 2 years) resolved "G" or higher citations/deficiencies, submit the inspection report. Please provide a narrative discussion regarding the topic, the risk and how it will be mitigated.</u>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>10-4.</b>	The operator or its parent operator must submit a six-year loss history of professional liability claims filed against it for all facilities controlled by the operator or parent operator. The six-year loss history should be provided in annual summary form (prepared by the insurance company or third-party administrator) and should: <ul style="list-style-type: none"><li>• Provide a current inventory of all paid or settled claims;</li><li>• Break out the expected cost of claims in a year by year summary. In separate line items, list the amount of the actual and/or anticipated awards, claims expenses, and any funds reserved for estimated claims;</li><li>• List total actual or estimated claims costs for compensatory damages, medical expenses, punitive damages and legal expenses incurred processing the claim;</li><li>• Identify potential or expected professional liability claims in excess of \$10,000 that have been or may be filed for all periods within the statute of limitations for the State where the claim occurred;</li><li>• Include a brief discussion or chart that provides the timeframe for the statutes of limitations for filing claims of negligence, injuries, wrongful death, and/or improper care based-the law in the states where the parent operator's facilities are located.</li><li>• Include a certification from the parent operator (operator – if no parent) as to the accuracy of this documentation. The certification must be signed, and dated by a senior officer of the parent operator (operator – if no parent), and include the following statement:  “HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)”</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10-5.</b>	Evidence of current PLI cost	<input type="checkbox"/>	<input type="checkbox"/>
<b>10-4.</b>	Land Lease (Ground Lease) Actuarial study, most recent <sup>34</sup> (if applicable) <i>Note: This information is considered proprietary and is exempt from Freedom of Information Act requests.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section 11: Additional Funding Sources</b>			
<b>11-1</b>	<u>Grants and/or Loan</u> <u>Commitment letter (specifying amount, intended use, conditions)</u> <u>Abatement/Exemption (if applicable)</u> <u>A. Evidence of abatement or exemption</u> <ul style="list-style-type: none"><li>• <u>Form FHA-1708, Agreement for Payment of Real Property Taxes</u></li></ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11-2</b>	<u>Bond Financing</u> <ul style="list-style-type: none"><li>• Itemized costs of issuance, discounts and financing fees to be paid out of pocket by mortgagor and explanation regarding the necessity of each cost.</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11-3</b>	<u>Tax Credits</u> <u>A. Letter of commitment from tax credit syndicator or investor (specifying equity amount and pay-in schedule)</u> <u>B. Acknowledgment/Release (Addendum 9 of HUD Notice H 95-4)</u> <u>C. Reservation, executed copy</u> <u>D. Source and Use Statement (Addendum 4 of HUD Notice H 95-4)</u> <u>E. HUD-2880, Applicant/Recipient Disclosure/Update Report</u> <u>Bridge Loan agreements</u> <u>Floodplain</u> <sup>35</sup> (if not provided at Pre-Application Stage)	<input type="checkbox"/>	<input type="checkbox"/>
<div>Page</div> <div>Previous versions obsolete 9XXXOHP (mm/dd/yyyy)</div> <div>Page 15 of 22 Version 2-11-2009</div> <div>form HUD-</div>			

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- ~~B.A. Evidence of participation in an early warning system~~  
~~C.A. Emergency evacuation and relocation plan~~  
~~D.A. Identification of evacuation route(s) out of the 500-year floodplain~~  
~~E.A. Identification marks of past or estimated flood levels on all structures~~  
~~A.F. Evidence that current or prospective tenants have been or will be informed of the flood hazard.~~

**Section 12: Accounts Receivable Financing Documents**

<b>12-1</b>	State Historic Preservation Office letter/requirements (if not provided at Pre-Application Stage) <del>Revolving Loan Note</del>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12-2</b>	Easements A. Existing Proposed All Amendments	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>12-3</b>	Lessee Security Agreement with FHA Lender	<input type="checkbox"/>	<input type="checkbox"/>
<b>12-4</b>	UCC-1 Filings and UCC Searches (all)	<input type="checkbox"/>	<input type="checkbox"/>
<b>12-5</b>	Guarantees (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
<b>12-6</b>	Cash Flow Chart	<input type="checkbox"/>	<input type="checkbox"/>
<b>12-7</b>	Intercreditor Agreement (ICA) between A/R Lender and FHA Lender	<input type="checkbox"/>	<input type="checkbox"/>
<b>12-8</b>	HUD Rider to Intercreditor Agreement	<input type="checkbox"/>	<input type="checkbox"/>
<b>12-9</b>	AR Lender Lock-box Agreement or equivalent control agreement	<input type="checkbox"/>	<input type="checkbox"/>
<b>12-10</b>	Accounts Receivable Financing Certifications (Format posted to HUD.GOV)	<input type="checkbox"/>	<input type="checkbox"/>
<b>12-11</b>	Security Agreement with AR Lender and Amendments	<input type="checkbox"/>	<input type="checkbox"/>

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**Section 13: Contractor**

<b>13-1</b>	This Item Intentionally Omitted	<input type="checkbox"/>	
<b>13-2</b>	This Item Intentionally Omitted	<input type="checkbox"/>	
<b>13-3</b>	Resume or AIA A305, Contractor's Qualification Statement		<input type="checkbox"/>
<b>13-4</b>	2530/APPS: A. Paper 2530: 1. Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation) 2. Evidence of registration in HUD's Business Partners Registration System – required for all applicable participants. ( <a href="http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm">http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm</a> ) <b>OR</b> B. APPS Submittal: APPS Certification (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)		<input type="checkbox"/>
<b>13-5</b>	Contractor's Consolidated Certification		<input type="checkbox"/>
<b>13-6</b>	Credit Report A. Contractor Sampling of Contractor's Other Business Concerns <del>As Rehabilitated Budgets (each including census mix and occupancy assumptions)</del> <del>A. Stabilized Operating budget (12 months)</del> B. Initial Lease Up budget (monthly, initial occupancy to stabilized occupancy)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>11-1</b>	<del>As Rehabilitated Staffing schedule (including job titles, salaries, and full time equivalents (FTE))</del>		<input type="checkbox"/>

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**13-7** Financial Statements for Operation<sup>36</sup> – Year-to-Date<sup>40</sup> Date<sup>5</sup>

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A. Balance Sheet			<input type="checkbox"/>
3-1. Aging of Accounts Receivable		<input type="checkbox"/>	<input type="checkbox"/>
4-2. Aging of Notes Receivable		<input type="checkbox"/>	<input type="checkbox"/>
5-3. Schedule of Pledged Assets		<input type="checkbox"/>	<input type="checkbox"/>
6-4. Schedule of Marketable Securities		<input type="checkbox"/>	<input type="checkbox"/>
7-5. Schedule of Accounts Payable		<input type="checkbox"/>	<input type="checkbox"/>
8-6. Schedule of Notes and Mortgages Payable		<input type="checkbox"/>	<input type="checkbox"/>
9-7. Schedule of Legal Proceedings		<input type="checkbox"/>	<input type="checkbox"/>
8. SCHEDULE OF WORK IN PROGRESS			<input type="checkbox"/>
B. Income and Expense Statement			<input type="checkbox"/>
C. Financial Statement Certification			<input type="checkbox"/>

11-2.	Financial Statements for Operation <sup>37</sup> — FY 2008 <sup>11</sup>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Balance Sheet		<input type="checkbox"/>
	C. Income and Expense Statement		<input type="checkbox"/>
	D. Financial Statement Certification		<input type="checkbox"/>
11-3.	Financial Statements for Operation <sup>19</sup> — FY 2007 <sup>11</sup>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Balance Sheet		<input type="checkbox"/>
	C. Income and Expense Statement		<input type="checkbox"/>
	D. Financial Statement Certification		<input type="checkbox"/>
11-4.	Financial Statements for Operation <sup>19</sup> — FY 2006 <sup>11</sup>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Balance Sheet		<input type="checkbox"/>
	C. Income and Expense Statement		<input type="checkbox"/>
	D. Financial Statement Certification		<input type="checkbox"/>

**13-8** Financial Statements – FY 20XX<sup>10</sup>

A. Balance Sheet

1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>

B. Income and Expense Statement

Financial Statement Certification

Census history, by month and payment source

A. Year to date

B. FY 2008 (fill in the year)

C. FY 2007 (fill in the year)

C. D. FY 2006 (fill in the year)

**13-9** Financial Statements – FY 20XX<sup>10</sup>

A. Balance Sheet

1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>

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7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
B. Income and Expense Statement	<input type="checkbox"/>	<input type="checkbox"/>
C. Financial Statement Certification		<input type="checkbox"/>
<del>Reimbursement</del>		
<del>A. Resource Utilization Group (RUC) census data for last 12 months, including HUD certification and warning. (SN Only)</del>		
<del>B. Evidence of Medicaid Rate (if applicable)</del>		
11-5. <del>Rent rolls<sup>43</sup>, last 3 months, including HUD certification and warning. (ALF/B&amp;C Only)</del>	<input type="checkbox"/>	<input type="checkbox"/>
11-6. State licensing inspection reports for last 3 years		<input type="checkbox"/>
11-7. <del>Facility Administrator</del>	<input type="checkbox"/>	<input type="checkbox"/>
<del>B.A. Resume</del>		<input type="checkbox"/>
<del>C. License (if applicable)</del>	<input type="checkbox"/>	<input type="checkbox"/>
13-10 Account receivable (A/R) financing documentation	<input type="checkbox"/>	
A. Revolving Loan Note		<input type="checkbox"/>
B. Loan Agreement	<input type="checkbox"/>	<input type="checkbox"/>
C. Lessee Security Agreement	<input type="checkbox"/>	<input type="checkbox"/>
D. UCC-1 Filings (all)	<input type="checkbox"/>	<input type="checkbox"/>
E. Guarantees (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
F. Intercreditor Agreement (ICA) between A/R Lender and FHA Lender	<input type="checkbox"/>	<input type="checkbox"/>
G. HUD Rider to Intercreditor Agreement	<input type="checkbox"/>	<input type="checkbox"/>
H. Deposit Control Agreement		<input type="checkbox"/>
I. Lock box Agreement or equivalent control agreement		<input type="checkbox"/>
J. Draft Mortgagor Attorney's Opinion		<input type="checkbox"/>
K. Draft Operator/Lessee Regulatory Agreement		<input type="checkbox"/>
L. Rider including all required A/R Conditions		<input type="checkbox"/>
Financial Statements – FY 20XX <sup>10</sup>		<input type="checkbox"/>
A. Balance Sheet		
1. Aging of Accounts Receivable		
2. Aging of Notes Receivable		
3. Schedule of Pledged Assets		
4. Schedule of Marketable Securities		
5. Schedule of Accounts Payable		
6. Schedule of Notes and Mortgages Payable		
B. Schedule of Legal Proceedings		
C. Income and Expense Statement		
<del>C.D. Financial Statement Certification</del>		
11-8. HUD-935.2A, Affirmative Fair Housing Marketing Plan		<input type="checkbox"/>
<b>Section 12: Professional Liability Insurance (PLI)<sup>39</sup> -14: Construction and Architectural Documents</b>		
14-1 Schedule of Facilities Covered by PLI Policy Plans <sup>40</sup> (to include separate plans for Offsite Construction)		<input type="checkbox"/>
14-1. State licensing inspection reports, most recent, for all facilities identified on insured's Schedule of Facilities Owned, Operated or Managed.		<input type="checkbox"/>
14-2 Loss history A. Full Specifications <sup>40</sup>	<input type="checkbox"/>	<input type="checkbox"/>
B. Division I of the Specifications (which includes the wage decision and HUD-2554, Supplementary Conditions all in one document)		<input type="checkbox"/>
14-3 Potential claims certification State Licensing Approval of Plans <sup>41</sup>	<input type="checkbox"/>	<input type="checkbox"/>

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14-4	<u>Soils Report and Foundation Analysis (required if footprint is being altered)</u>	Evidence of PLI coverage for statute of limitations period	<input type="checkbox"/>	<input type="checkbox"/>
14-5	<u>Evidence of current PLI cost HUD-2328, Contractor's and/or Mortgagor's Cost Breakdown</u>		<input type="checkbox"/>	
12-2	<u>Evidence of Insurer's Rating</u>		<input type="checkbox"/>	<input type="checkbox"/>
14-6	<u>Major Moveable Equipment Schedule and Budget</u>	Actuarial study, most recent <sup>42</sup> (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
	C. Schedule and budget for new equipment		<input type="checkbox"/>	<input type="checkbox"/>
	B-D. Schedule and values for existing equipment		<input type="checkbox"/>	<input type="checkbox"/>
<b>Section 13: Additional Funding Sources</b>				
14-7	<u>Construction Progress Schedule per AIA A201 <sup>43</sup></u>	Grants and/or Loan Commitment letter (specifying amount, intended use, conditions)	<input type="checkbox"/>	<input type="checkbox"/>
13-	<u>Assurance of Completion <sup>44</sup></u>		<input type="checkbox"/>	<input type="checkbox"/>
2-14-8	• <u>Commitment Letter from Surety or</u>		<input type="checkbox"/>	<input type="checkbox"/>
	<u>Commitment Letter from Bank for Letter of Credit</u>	Bond Financing	<input type="checkbox"/>	<input type="checkbox"/>
	• <u>Itemized costs of insurance, discounts and financing fees to be paid out of pocket by mortgagor and explanation regarding the necessity of each cost.</u>		<input type="checkbox"/>	<input type="checkbox"/>
14-9	<u>Owner-Architect Agreement on AIA Form B181 and Amendments</u>		<input type="checkbox"/>	<input type="checkbox"/>
	A. Design and Supervisory Architect		<input type="checkbox"/>	<input type="checkbox"/>
	B. Design architect only		<input type="checkbox"/>	<input type="checkbox"/>
	C. Supervisory Architect only		<input type="checkbox"/>	<input type="checkbox"/>
	<u>Other(s) Tax Credits</u>		<input type="checkbox"/>	<input type="checkbox"/>
	<u>B.A. Letter of commitment from tax credit syndicator or investor (specifying equity amount and pay-in schedule)</u>		<input type="checkbox"/>	<input type="checkbox"/>
	<u>C.A. Acknowledgment Release (Addendum 9 of HUD Notice H-95-4)</u>		<input type="checkbox"/>	<input type="checkbox"/>
	<u>D.A. Reservation, executed copy</u>		<input type="checkbox"/>	<input type="checkbox"/>
	<u>E.A. Source and Use Statement (Addendum 4 of HUD Notice H-95-4)</u>		<input type="checkbox"/>	<input type="checkbox"/>
	<u>F.A. HUD-2880, Applicant/Recipient Disclosure/Update Report</u>		<input type="checkbox"/>	<input type="checkbox"/>
	<u>G. Bridge Loan agreements</u>		<input type="checkbox"/>	<input type="checkbox"/>
	D. <u>Subsidy layering review (if applicable)</u>		<input type="checkbox"/>	<input type="checkbox"/>
14-10	<u>Information regarding offsite storage of approved building materials, if applicable <sup>45</sup></u>		<input type="checkbox"/>	<input type="checkbox"/>
14-11	<u>Design Architect Certification</u>		<input type="checkbox"/>	<input type="checkbox"/>
15	<u>Other-</u>		<input type="checkbox"/>	<input type="checkbox"/>

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1 - Please have check include reference to project name, location, mortgagee number, and purpose – FHA application fee.

2 - Lender shall not make any alterations to the narrative format. If a particular section does not apply within the narrative, it should specifically be noted as NOT APPLICABLE.

3 - Microsoft Word version of DRAFT Firm Commitment is to be provided electronically.

4 - Microsoft Word version of Draft Firm Commitment is to be provided electronically

5 - The Appraisal and Market Study and Appraisal reports must be submitted within 120 calendar days of the date of the inspection. The Phase I environmental report must be submitted within 180 calendar days of the date of the date of inspection.

6 - Market Study not required if there are no changes to the number of beds or units and if there are no changes to the current payor mix

<sup>7</sup> If the project is currently HUD Insured and no land is being added to the site, a Phase I Environmental Assessment is not required. However, if the facility was built prior to 1978 and does not have an asbestos survey and/or Operations & Maintenance plan, then said survey must be provided. If asbestos is present, an O & M plan is required.

8 Asbestos and Lead Based Paint (LBP) reports may be required if a site requires demolition prior to sub-rehab work or construction. LBP is included in this report for the protection of the individuals performing the demolition.

9 In the case of a "refinance with an addition" that qualifies for substantial rehabilitation, a full PCNA is required and the PCNA section of the Lender Narrative for Section 232/223(f) should be incorporated into this narrative.

10 Nonprofit Mortgagor documentation only required when the nonprofit loan constraints are used.

11 Year-to-date statements: No more than 3 months can have expired since the closing date of the latest unaudited statement. No more than 6 months can have passed since the statements were audited by a CPA/PA. Audited statements are preferred but owner-prepared statements will be accepted. All financial statements, audited and owner-prepared, will need to be certified by the entity with signature authority for that financial statement.

12 Fill in the year for the financial statements being provided. Business entities must submit financial statements and supporting documents for the lesser of the last 3 years or the length of existence. Audited statements are preferred but owner-prepared statements will be accepted. All financial statements, audited and owner-prepared, will need to be certified by the entity with signature authority for that statement.

13 This section of the checklist needs to be completed separately for each principal. The Lender should add a new section and label it with the name of each principal.

14 If a principal is a business entity (i.e. corporation, partnership) with an operating history, a credit report will be required only on the business firm, not the owners of the firm.

15 For New Construction, Substantial Rehabilitation, and Blended Rate projects the firm commitment application must include the last three full years and year-to-date financial statements for the party who will be responsible for providing the financial requirements for closing and beyond. The Lender Narrative must also include a discussion on the available working capital of this party and their ability to support the project over the long term. In cases where a group of individuals come together on one project to meet the cash requirement a full year HUD-92417 on each will be satisfactory.

16 Previous Participation for principals of the Operator and the Management Agent may also be required.

17 Previous Participation for principals of the Operator and the Management Agent may also be required.

18 Fill in the year for the financial statements being provided. Business entities must submit financial statements and supporting documents for the lesser of the last 3 years or the length of existence. Audited statements are preferred but owner-prepared statements will be accepted. All financial statements, audited and owner-prepared, will need to be certified by the entity with signature authority for that statement.

19 See Matrix below to determine which items in this Section need to be provided with the application:

Scenario #	Description of Participant Roles	Note	Checklist Items to complete
1	Mortgagor is Owner/Operator. One entity		Sections 7-3 and 7-4 (note: 1.a. of HUD 9839A requires a management agreement). Nothing from Section 7
2	Mortgagor has a Management Agent (no lease)		All of Section 7
3	Mortgagor owns building and land, and leases to Operator who holds the license. There is no Management Agent.		Nothing from Section 7
4a3	Mortgagor owns building and land, and leases to Operator who holds the license. There is no Management Agent provides services to Operator but doesn't control the license or contract for patient services and is not party to Provider Agreements.		Nothing from Section 7
4b4	Mortgagor owns building and land, and leases to Operator. There is also a Management Agent who controls the license, contracts for patient services and/or is party to Provider Agreements.	Both Operator and Management Agent experience is necessary.	All of Section 7 Exhibits 7-4; 7-5; 7-6; 7-7; 7-8

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20 This consolidated certification is in addition to the form HUD-9839.

21 If the regulatory entity that issues the license(s) does not allow application for license(s) at the time of Firm Application submission, in lieu of exhibit 10-2 B., HUD will accept a letter from the entity applying for the license(s), which covers the

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Previous versions obsolete

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form HUD-

9XXXXOHP (mm/dd/yyyy)

following: an explanation of the application process (with documented verification from licensing entity), identification of the entity that is anticipated to hold the license(s), and the number of beds that will be covered by the license(s).

22 - Floodplain information is only required if the property is located in a 100- or 500-year floodplain. The 8-step process is not required for HUD's approval of a project site when only an incidental portion of the site is situated in an adjacent floodplain when: (i) The proposed construction and landscaping activities (except for minor grubbing, clearing of debris, pruning, sodding, seeding, etc.) do not occupy or modify the 100-year floodplain or the 500-year floodplain; (ii) appropriate provision is made for site drainage; and (iii) a covenant or comparable restriction is placed on the property's continued use to preserve the floodplain.

23 - Operating Financial Statements provided here should pertain only to the operation of the subject facility. If this facility is the only facility owned and operated by the Mortgagor or operated by the Lessee, these statements may be the same as the Mortgagor's or Operator/Lessee's financial statements.

24 - **Plans** provided with the Firm Application must be complete and reflect the facility is ready to be built. Hard copies of the plans are not required; however, a PDF, electronic version must be provided. **Specifications** provided with the Firm Application shall include Division I (when using the MasterFormat 1995) or Division 00 73 00 (when using the MasterFormat 2010), which includes the Davis Bacon Wage Decision, and form HUD-2554, Supplementary Conditions of the Contract for Construction. Hard copies of the specifications are not required; however, a PDF, electronic version must be provided. Note the Lender's Architectural Reviewer is still required to review the complete specifications.

25 - Provide documentation from the State licensing authority demonstrating that any required plan reviews have been completed. If the State is unwilling to prepare a letter, provide copies of review comments or a certification from the mortgagor's design architect that the appropriate reviews have been requested from the State.

26 - In circumstances beyond the mortgagor's control where the required financial statements are not available, the mortgagor must submit: (a) a satisfactory explanation as to why the financial statements are not obtainable; and (b) The project financial statements that are available including an owner certified balance sheet and operating statement. In these situations, a HUD 2 Waiver form is required - include a draft in Exhibit 1-09 of the Firm Application package.

27 - Form AIA A201 is the General Conditions and includes guidance within the document for a construction progress schedule. That guidance should be used to create the schedule.

28 - Provide evidence of the General Contractor's ability to obtain sufficient bonding or letters of credit. Sufficient assurance is as follows:

- a) For non-elevator or three-story or less elevator buildings where the cost of construction or rehabilitation is more than \$500,000, the assurance shall be in the form of corporate surety bonds for payment and performance, each in the amount of 100% of HUD's estimate of construction or rehabilitation cost including an imposed builder's profit. As an option, HUD would accept a completion assurance agreement secured by a cash deposit or Letter of Credit in the amount of 15% of the HUD estimate of construction or rehabilitation cost.
- b) For elevator buildings of 4 stories or more, the assurance shall be in the form of corporate surety bonds for payment and performance, each in the amount of 100% of HUD's estimate of construction or rehabilitation cost including an imposed builder's profit. As an option, HUD would accept a completion assurance agreement secured by a cash deposit or Letter of Credit in the amount of 25% of HUD's estimate of construction or rehabilitation cost. The mortgagee may provide more stringent requirements.

29 - Refer to HUD Inspector and A&E Scopes of Work for guidance on building materials that can be stored offsite and for items required for approval of offsite storage of building materials.

30 - Intergovernmental Review is only required in States that participate in Single Point of Contact Process (SPOC). The website [http://www.whitehouse.gov/omb/grants\\_spoc/](http://www.whitehouse.gov/omb/grants_spoc/) currently lists these states. The submittal to the SPOC must include a completed form SF-424. The SPOC has 30 days from receipt to reply. If they do not reply to you within that timeline, you can assume that the Intergovernmental Review is complete.

31 - If the regulatory entity that issues the license(s) does not allow application for license(s) at the time of Firm Application submission, in lieu of exhibit 10-2 B., HUD will accept a letter from the entity applying for the license(s), which covers the following: an explanation of the application process (with documented verification from licensing entity), identification of the entity that is anticipated to hold the license(s), and the number of beds that will be covered by the license(s).

32 - Rent roll data will include room number, room type (studio, one bedroom, etc.), occupancy status (occupied/unoccupied), and rental rate.

33 - Professional liability insurance documentation requirements only apply to the insured party providing the coverage and exclude additional named insured parties.

34 - Actuarial study required if the entity utilizes self-insurance. If the entity utilizes commercial (3<sup>rd</sup> party) PLI, submit an actuarial study only if one has been previously completed.

35 - Floodplain information is only required if the property is located in a 100- or 500-year floodplain.

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36—Operating Financial Statements provided here should pertain only to the operation of the subject facility. If this facility is the only facility owned and operated by the Mortgagor or operated by the Lessee, these statements may be the same as the Mortgagor's or Operator/Lessee's financial statements.

37—In circumstances beyond the mortgagor's control where the required financial statements are not available, the mortgagor must submit: (a) Evidence satisfactory to the Lender that the financial statements are not obtainable; and (b) The project financial statements that are available including an owner certified balance sheet and operating statement. The Lender's case file must contain a statement from the mortgagor that explains why all the required records are not obtainable and a memorandum from the Lender to the Hub or Program Center Director stating that he/she has evaluated the mortgagor's statement and agrees that the information is not available.

38—Rent roll data will include room number, room type (studio, one bedroom, etc.), occupancy status (occupied/unoccupied), and rental rate.

39—Professional liability insurance documentation requirements only apply to the insured party providing the coverage and exclude additional named insured parties.

40 - Plans provided with the Firm Application must be complete and reflect the facility is ready to be built. Hard copies of the plans are not required; however, a PDF, electronic version must be provided. Division I of the specifications (which includes the wage decision and HUD-2554, Supplementary Conditions) must be provided in a PDF, electronic version with the application. Note that the Lender's Architectural Reviewer is still required to review the complete specifications.

41 - Provide documentation from the State licensing authority demonstrating that any required plan reviews have been completed. If the State is unwilling to prepare a letter, provide copies of review comments or a certification from the mortgagor's design architect that the appropriate reviews have been requested from the State.

42—Actuarial study only required if the Insured participates in more than 50 healthcare facilities.

43 - Form AIA A201 is the General Conditions and includes guidance within the document for a construction progress schedule. That guidance should be used to create the schedule.

44 - Provide evidence of the General Contractor's ability to obtain sufficient bonding or letters of credit. Sufficient assurance is as follows:

- a) For non-elevator or three stories or less elevator buildings where the cost of construction or rehabilitation is more than \$500,000, the assurance shall be in the form of corporate surety bonds for payment and performance, each in the amount of 100% of HUD's estimate of construction or rehabilitation cost including an imposed builder's profit. As an option, HUD would accept a completion assurance agreement secured by a cash deposit or Letter of Credit in the amount of 15% of the HUD estimate of construction or rehabilitation cost.
- b) For elevator buildings of 4 stories or more, the assurance shall be in the form of corporate surety bonds for payment and performance, each in the amount of 100% of HUD's estimate of construction or rehabilitation cost including an imposed builder's profit. As an option, HUD would accept a completion assurance agreement secured by a cash deposit or Letter of Credit in the amount of 25% of HUD's estimate of construction or rehabilitation cost. The mortgagee may provide more stringent requirements.

45 - Refer to HUD Inspector and A&E Scopes of Work for guidance on building materials that can be stored offsite and for items required for approval of offsite storage of building materials.